



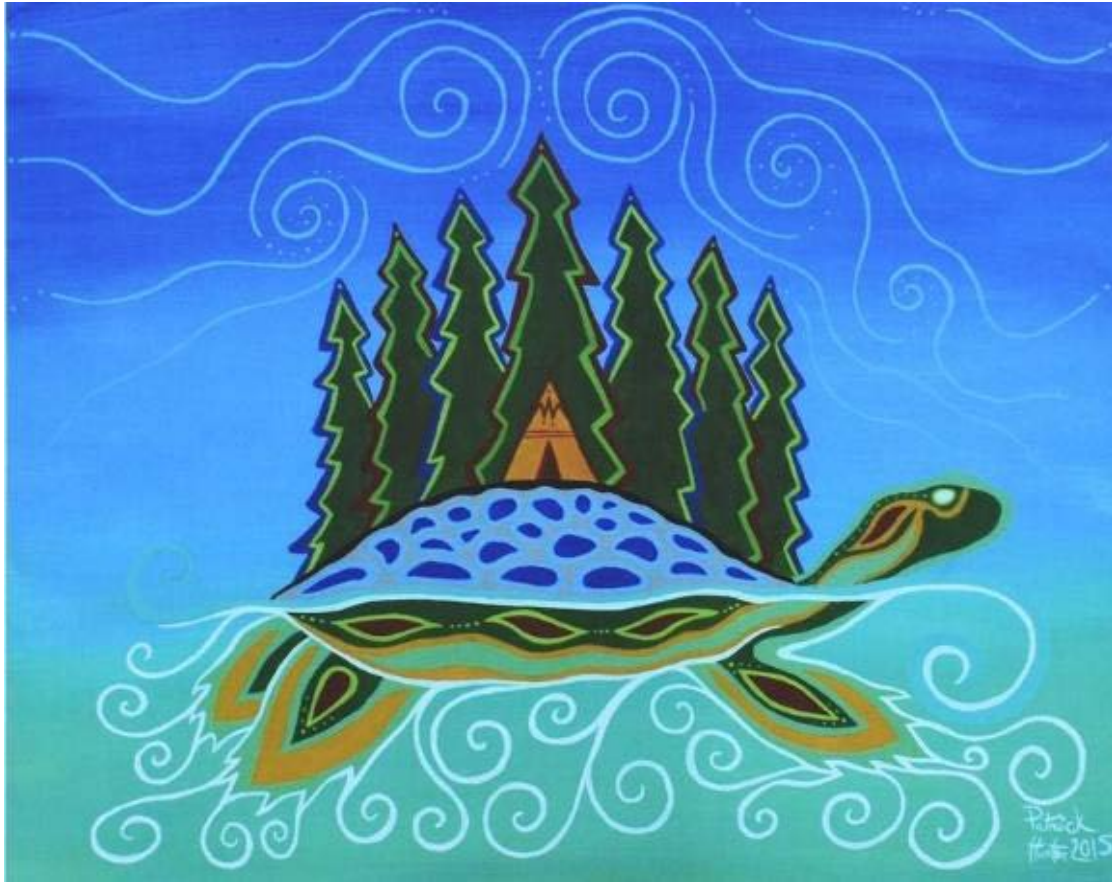
Developing emotionally intuitive
competency-based
palliative care skills

Communication Readiness Reframing Difficult Conversations



Canadian Home Care
Association

Production of this material has been made possible through collaboration and financial support from the Canadian Partnership Against Cancer Corporation and Health Canada.



Turtle Island By Patrick Hunter (www.patrickhunter.ca)

Land Acknowledgement

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Métis Peoples.

On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

Presenters



Jennifer Campagnolo, BScN RN, Project ECHO Home and Community Care Lead, Canadian Home Care Association



Mallory Peters, BScN RN CHPCN(c), Palliative Care Coordinator, Health PEI Home Based Care

About the eiCOMPASS Knowledge Webinars

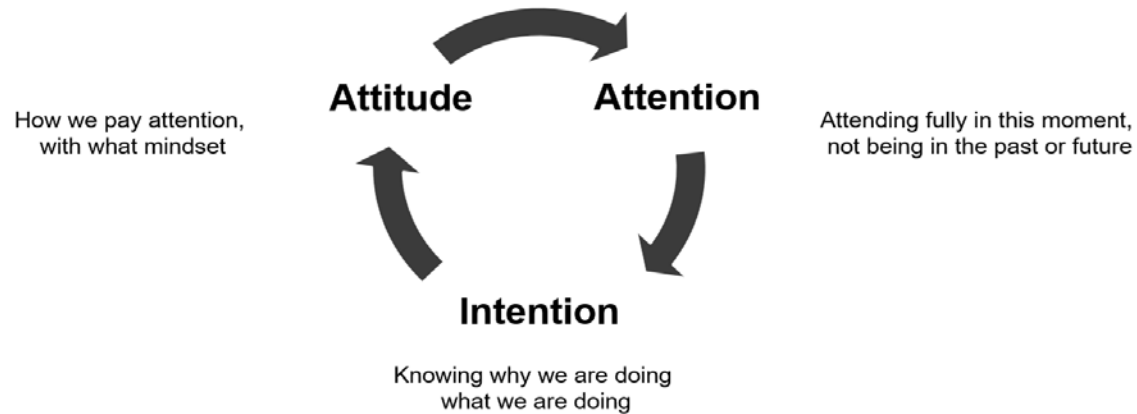
The eiCOMPASS is bringing together organizations providing home-based palliative care across Canada to improve nurses' and personal care workers' skills and provide emotionally intuitive care.

How is the Canadian Home Care Association accomplishing this?

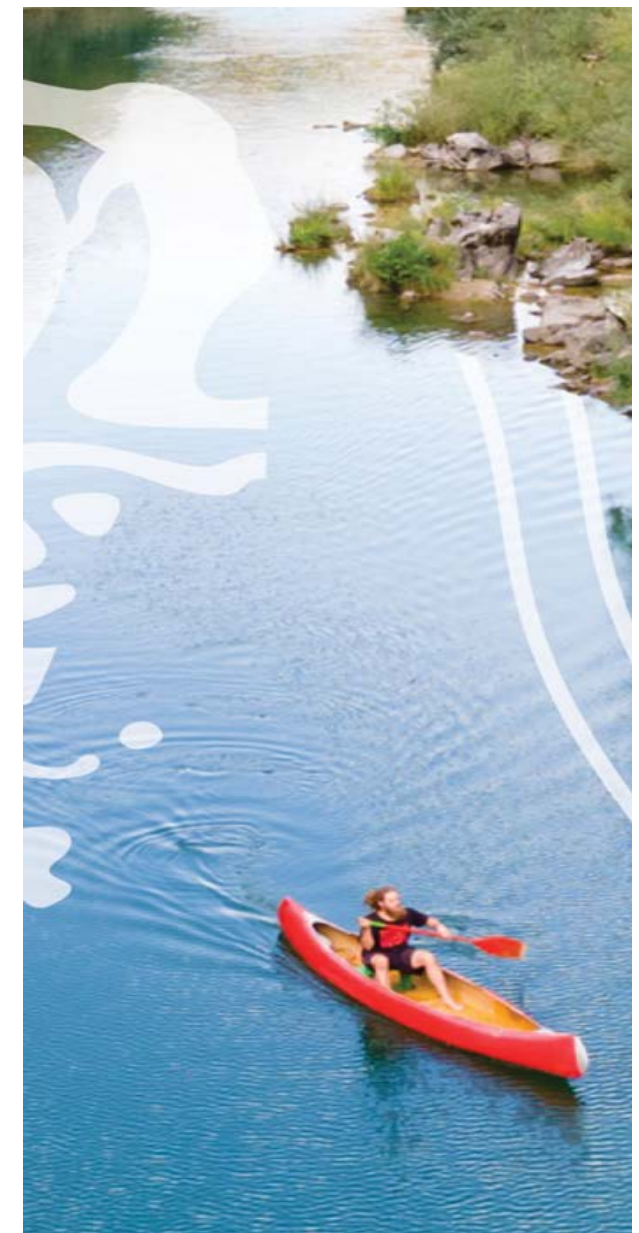
- Building awareness of the Canadian Interdisciplinary Palliative Care Competency Framework.
- Providing Emotional Intelligence e-learning training courses.
- Supporting the learning with tools and this series of knowledge webinars to reinforce skills.
- Through our SPRINT™ Accelerator we are supporting teams from across Canada to adopt and practice these skills.

Checking In

1. Start by Taking a Few Deep Breaths
2. If you can try to extend your outbreath so that it is longer than your inbreath (maybe in for a count of four then out for a count of six, then eight)
3. How are you in this moment?
4. How do you want to be?



Shauna Shapiro, Linda Carlson, John Astin, Benedict Freedman



Objectives



1. Embody Compassionate Communication – understand how to bring compassion into how you listen, speak, and be present with people.



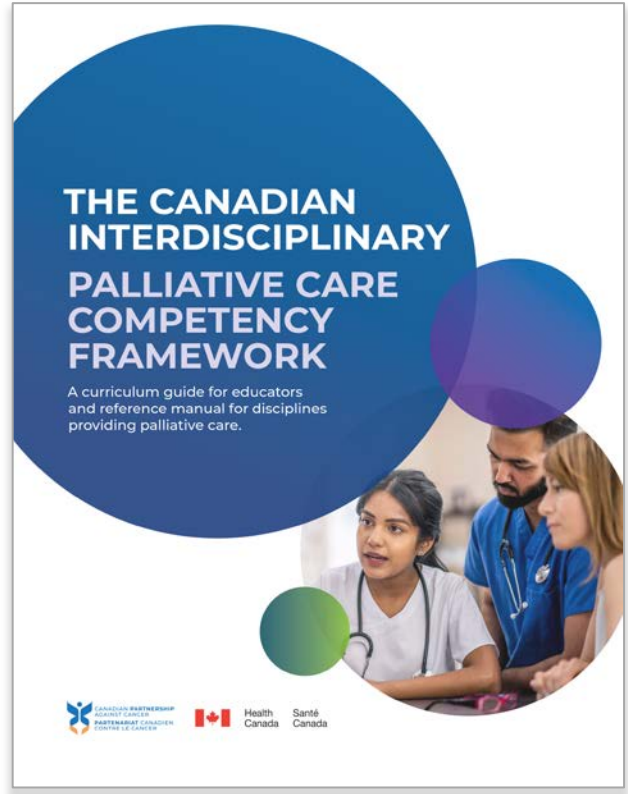
2. Navigate Emotional Dynamics - Learn and practice techniques to address emotional cues, deliver difficult news with sensitivity, and acknowledge emotional reactions during essential conversations.



3. Integrate the Communications Guides – to prepare for palliative care emergencies and support clear communication and compassionate interactions.



3 Communication



Communication is essential in care of those affected by life-limiting illness. The person, their designated family or caregivers, and team may experience uncertainty and strong emotions. Effective communication helps to establish therapeutic relationships, ensures that people, and families and caregivers understand and participate in decision-making, enables interdisciplinary teamwork, and facilitates smooth transitions between care settings.

- Palliative Care Competency Framework



3 Communication

Competencies



3.1 Recognizing and respecting that each person and their designated family or caregiver(s) has a unique perspective

- Ask and seek to understand the unique perspective of each person



3.2. Listening and providing emotional support

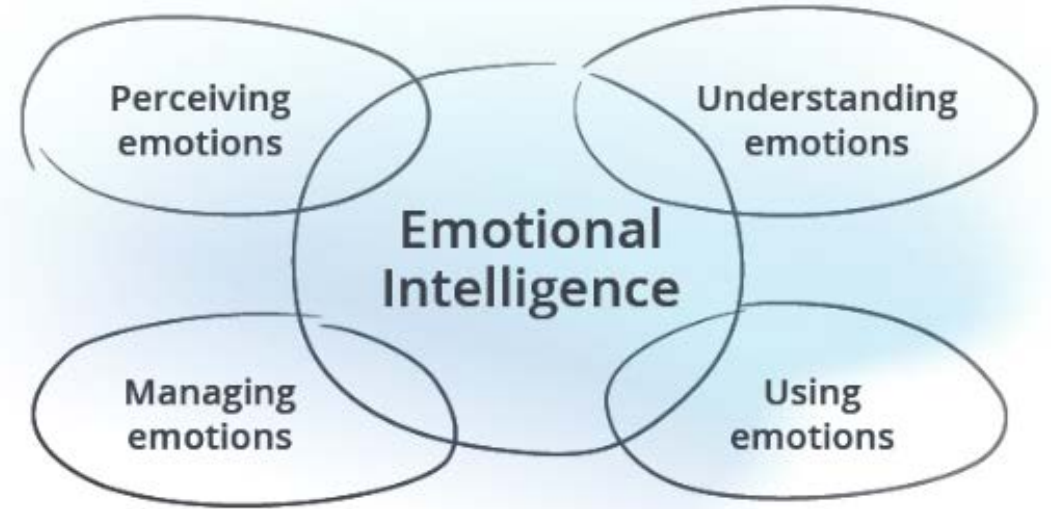
- Develop and maintain supportive and therapeutic relationships by connecting, communicating and establishing professional boundaries.



3.5. (Nursing) Delivering difficult news and managing essential conversations

- Introduce people to the concepts and benefits of palliative care
- Share difficult news in a compassionate and supportive manner and provide a **safe space** for people to process their emotions
- Support people so they can make informed decisions about the types of information they wish to receive

Competency Development and EI



Emotional intelligence isn't inherited, it's developed. The brain's neuroplasticity allows us to learn and improve our emotional skills throughout our lifetime.

Dr. Richard Davidson

Neuroscientist and Founder and Chair of the Center for Healthy Minds

Compassionate Conversations

Practices For Compassionate Conversations



Opening the Conversation

- Invite don't insist
- Ask Yourself:
 - is it the right time?
 - is it the right place?
 - is it the right person?
 - is there anyone else that should be included?
- Reduce any power imbalances
- Set expectations
- Some helpful questions:
 - Where would you like to start?*
 - What do I need to know?*
 - Would it be ok if...*

Practices For Compassionate Conversations

Listening

Level 1 Internal Listening

When your focus is on your own thoughts, opinions, and judgments. Relating what you hear to your own experience and needs.

Level 2 Focused Listening

Your attention is entirely on the speaker. This involves not only hearing the words but noticing the tone, body language, and emotions. It's about understanding the speaker's perspective without letting internal thoughts interfere.

Level 3 Global Listening

This includes everything from Level 2, plus awareness of the environment and broader context. It involves using intuition and being open to receiving information from various sources, not just the speaker.

Summarized from *Co-Active Coaching: The Proven Framework for Transformative Conversations at Work and in Life* (Kimsey-House et. Al)

Practices For Compassionate Conversations

A
Acknowledge

Notice and talk
about feelings,
yours and
others'.

C
Control

Handle your
emotions well,
staying calm in
different
situations.

T
Tailor

Adjust your
words based on
how you or
others feel,
making
conversations
kinder and
clearer.

“Being With” Strong Emotions

- Allow them to happen and acknowledge them.
- Respond openly and honestly.
- Do not move on until the emotion settles or offer empty reassurances.
- Use silence to allow time for processing/
understanding information.

“This is hard”

“I am here”

“I will try to support you”

“There’s lots to think about”

“Being With” Strong Emotions

- Be observant of non-verbal cues and respond with compassion.

“Something seems to have (concerned/upset/ worried...) you. Would you like to talk about it?”

- Ask open-ended/clarifying questions. Be curious.

“Can you tell me more about that?”

- Offer reflections and validation.

“That sounds difficult”/ “I imagine that you might be concerned about...”

Closing the Conversation

In a way that the other person doesn't feel more vulnerable:

- Share the timekeeping
- Closing doesn't mean it's finished
- Watch for signs of fatigue or loss of privacy
- Find mutual agreement

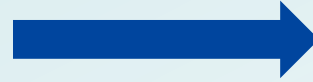
It's time to finish soon, but we can come back to this

Thank you for sharing with me, would it be alright to leave this for now?

*“Do we need to take a minute to go over anything we've just spoken about?
Is there anything I've said that you are unsure about or isn't clear?”*


Be Prepared Conversation Guides

Where we started...



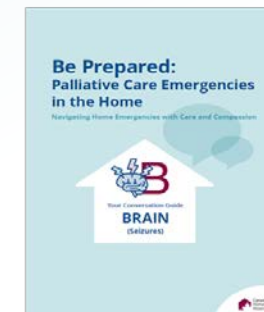
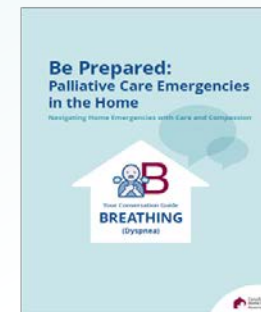


Where we've arrived.

**Pain and Symptom Management at Home:
Managing Emergencies**



Presenter:
Dr. Cornelius Woelk
Southern Health-Santé Sud

Host and Moderator: Jennifer Campagnolo, CHCA
Date: November 25, 2021



cdnhomecare.ca/chca-project-echo



Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared: Palliative Care Emergencies in the Home

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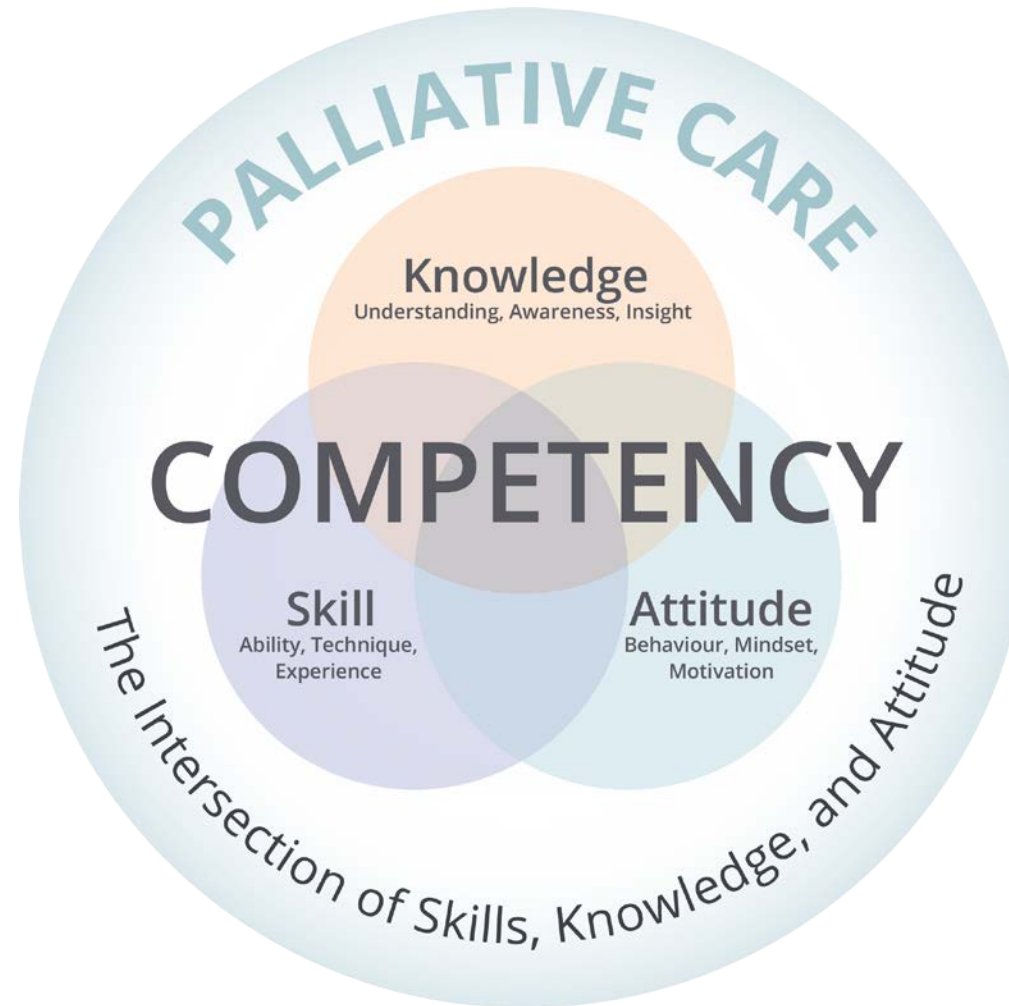


Be Prepared: Palliative Care Emergencies in the Home

Navigating Home Emergencies with Care and Compassion



Be Prepared Conversation Guides



Helping navigate home emergencies with care and compassion

Be Prepared Conversation Guides

1

A Conversation about BLEEDING (Massive Hemorrhages)

Discussing the potential risk for massive hemorrhaging with patients and their caregivers in home-based palliative care is crucial for informed decision-making and preparedness. While the term "emergency" highlights the gravity of the situation, you can frame it in a way that doesn't cause alarm but encourages proactive planning.

With this Conversation Guide, you're better prepared to facilitate reassuring discussions on managing such emergencies at home. These situations require your dual expertise: connecting genuinely with patients and their families using emotional intelligence and clinical knowledge.



A Conversation Checklist

This checklist provides actionable steps to ready yourself for difficult conversations, to share clinical insights through the "Head-Heart-Hands" lens, and cultivate trust using emotional intelligence skills, like empathy and active listening.

What to include in your conversation	Helpful phrases for Nurses
<p>Start with the following:</p> <p>a) Introduce the purpose and importance of having the conversation with empathy.</p> <p>b) Assess their readiness to have the conversation with sensitivity (i.e., ask for permission).</p> <p>c) Ask about their fears and/or worries and actively listen to their responses(s).</p>	<p>PURPOSE/IMPORTANCE: <i>"I appreciate that you may be facing some challenges. It's important that we talk about some of the situations that could happen at home so that you know how to manage them."</i> <i>"It is really important to have this conversation with you because this information will help you understand what is happening and how to manage in the moment or get help."</i></p> <p>READINESS: <i>"We need to talk about your ability to recognize the signs of a hemorrhage and when it is time to get help. When do you think would be a good time to talk about it?"</i></p> <p>FEARS/WORRIES: <i>"I'm genuinely interested in understanding your concerns. Can you share some of them with me?"</i> <i>"I want to make sure you feel you have the support you need. Is there anything about caring for (person's name) that worries or scares you?"</i></p>

Be Prepared: Palliative Care Emergencies in the Home — Navigating Home Emergencies with Care and Compassion Your Conversation Guide: BLEEDING (Massive Hemorrhages) 

2

The Palliative Care Emergency-BLEEDING (Massive Hemorrhages)

Most patients in palliative care prefer to stay at home. However, managing a catastrophic hemorrhage at home requires specific interventions and preparedness, including having medications at hand, knowing how to apply pressure, and being prepared for emotional and psychological impacts (Porzio et al. 2009).



What is a Massive Hemorrhage?

Information for Nurses
 A massive hemorrhage refers to a rapid and significant loss of blood by a patient. On rare occasions, major bleeding from a primary artery can be fatal and is referred to as a terminal hemorrhage.

Individuals with serious illnesses may occasionally experience minor blood loss. While this is not classified as a massive hemorrhage, and isn't treated as an immediate crisis, it can serve as an indicator of a potentially larger bleed in the future. Although uncommon, a massive hemorrhage can happen rapidly, and family members might find themselves managing the situation alone, as a healthcare professional may not be immediately available.

How to describe hemorrhages to Patients and/or Caregivers
"A massive bleed is when someone loses blood fast."
"Sometimes, a bit of blood might be lost, which isn't an urgent situation, but it should be watched."
"Tell us about any bleeding; it helps us be ready for the future."

Who may be at risk?

Information for Nurses
 Some patients may be at risk if they have a blood-related disorder, platelet abnormalities, or problems related to their blood clotting. Medical conditions, such as liver disease or head and neck cancers, can also increase the likelihood of unexpected bleeding. Some types of cancers, especially in the ears, nose, or throat, carry a higher risk of bleeding because metastatic wounds can expose major vessels. For patients with any type of esophageal lesion, erosion can also result in bleeding.

Certain medications might increase the risk of bleeding. These include steroids (e.g., dexamethasone), some non-steroidal anti-inflammatory drugs (NSAIDs), and anticoagulant medications (e.g., warfarin and heparin).







How to describe risk factors to Patients and/or Caregivers
"Some people with blood disorders, liver disease or certain types of cancers may experience unexpected heavy bleeding."
"There are also certain medications that might increase the risk of bleeding, for example, steroids, anti-inflammatories, and blood thinners."

Be Prepared: Palliative Care Emergencies in the Home — Navigating Home Emergencies with Care and Compassion Your Conversation Guide: BLEEDING (Massive Hemorrhages) 

Be Prepared: Palliative Care Emergencies in the Home A Tool for Patients and Caregivers

The Conversation Guide BLEEDING (Massive Hemorrhages)

This tool helps you know the actions you can take and reassuring words to use if your loved one is experiencing heavy bleeding. Your healthcare provider will review the actions with you.

Actions you can take	Comforting Words
<p>Use dark towels or sheets (such as black, brown, or red) to mask the appearance of bleeding, helping to prevent distress or alarm for the patient, or others, when seeing a large amount of blood.</p> 	<p><i>"I'm going to clean up a bit; taking away the blood may help you feel better."</i></p>
<p>Apply pressure to the bleeding area(s)</p> <ul style="list-style-type: none"> Carefully apply pressure with towels or dressings to the bleeding area(s). If you have been shown, pack the area with gauze. 	<p><i>"I'm gently pressing here to help the bleeding. Tell me if you're uncomfortable."</i> <i>"I'm going to squeeze your nose to help, just a little pressure, okay?" (e.g., for a nose bleed)</i></p>
<p>Stay with your loved one Try to keep them calm and explain what's happening to them.</p> 	<p><i>"I'm staying right beside you. You are having some bleeding that the nurses have shown me how to help you with."</i> <i>"I'm right here with you. I will not be leaving."</i></p>
<p>Administer medication If prescribed, give any medications as you were shown by the nurse to help with the bleeding or calm your loved one.</p> 	<p><i>"This medication will help you relax and slow the bleeding. The nurse has shown me how to administer it."</i></p>
<p>Adjust positions</p> <ul style="list-style-type: none"> Carefully place your loved one on their side to avoid swallowing or choking on blood. If the bleeding is coming from an arm or leg, raise that body part to slow bleeding. If they are in shock, and not bleeding from their mouth, lay them flat on their back with their legs elevated. This position increases blood flow to vital organs, especially the brain. 	<p><i>"Let me gently adjust you; it's to help with the bleeding and make sure you're comfortable."</i></p>
<p>Keep them warm Cover your loved one with a blanket. They can quickly become very cold if they are losing a lot of blood.</p> 	<p><i>"I know that you are feeling cold. I am going to try to warm you up with this blanket."</i></p>

IF:

- you feel overwhelmed and need help.
- you feel your loved one is not feeling better after trying different strategies.
- you are worried about heavy bleeding.
- you have questions about what to do.

Day time: _____
 Evening: _____
 Night time: _____
 Call your Healthcare Team

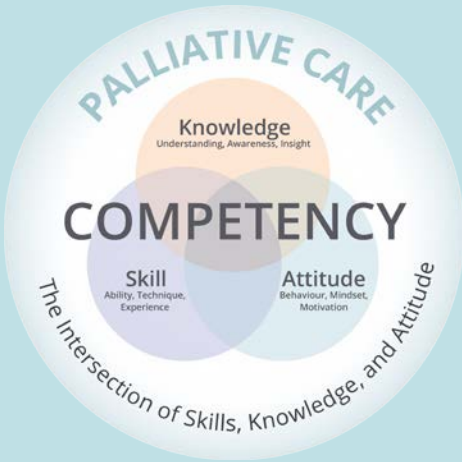
Canadian Home Care Association YOUR LOGO HERE

SKILLS + ATTITUDES

Be Prepared Conversation Guides

1 A Conversation Checklist

- Offers guidance on how to have a conversation and share clinical understanding



1

A Conversation about BREATHING (Dyspnea)

Discussing the potential risk for dyspnea with patients receiving home-based palliative care and their caregivers is crucial for informed decision-making and preparedness. While the term "emergency" highlights the gravity of the situation, you can frame it in a way that doesn't cause alarm but encourages proactive planning.

With this Conversation Guide, you're better prepared to facilitate reassuring discussions on managing such emergencies at home. These situations require your dual expertise: connecting genuinely with patients and their families using emotional intelligence and clinical knowledge.

A Conversation Checklist

This checklist provides actionable steps to ready yourself for difficult conversations, to share clinical insights through the "Head-Hearts-Hands" lens, and cultivate trust using emotional intelligence skills, like empathy and active listening.

What to include in your conversation	Helpful phrases for Nurses
<p>Start with the following:</p> <p>a) Introduce the purpose and importance of having the conversation with empathy.</p> <p>b) Assess their readiness to have the conversation with sensitivity (i.e., ask for permission).</p> <p>c) Ask about their fears and/or worries and actively listen to their responses).</p>	<p>PURPOSE/IMPORTANCE: "I appreciate that you may be facing some challenges. It's important that we talk about some of the situations that could happen at home so that you know how to manage them." "It is really important to have this conversation with you because this information will help you understand what is happening and how to manage in the moment or get help."</p> <p>READINESS: "We need to talk about how your health may affect your breathing and the things you can do to help with your dyspnea and when it is time to get help. When do you think would be a good time to talk about it?"</p> <p>FEARS/WORRIES: "I'm genuinely interested in understanding your concerns. Can you share some of them with me?" "I want to make sure you feel you have the support you need. Is there anything about caring for (person's name) that worries or scares you?"</p>

What to include in your conversation	Helpful phrases for Nurses
Describe dyspnea and provide information on what they might see and/or hear, how they may feel, and what they can do.	<p>"Dyspnea can be frightening, but understanding its signs or symptoms can give you some peace of mind. Let's talk about what you might hear or see."</p> <p>"I realize that witnessing a loved one struggle can be heart-wrenching. Let's talk about how it might feel and ways to cope."</p> <p>"Having a better understanding of what is happening can help you feel more prepared if it happens. These are some really easy hands-on things you can do to help make the situation better."</p>
Provide reassurance and genuine hope.	"I know this may seem difficult for you, but I know you can do this. By working on this together, we will help you feel prepared."
Encourage reflection, share their feelings, and invite them to share what they have heard and/or understood.	<p>"What you feel and think matters. Would you like to tell me how this is making you feel or what you are thinking about at the moment?"</p> <p>"Do we need to take a minute to go over anything we've just spoken about? Is there anything I've said that you are unsure about or can't hear?"</p> <p>"How are you feeling about this information so far? Please let me know if anything feels overwhelming or unclear."</p>
Observe of verbal cues and respond with compassion.	"Something seems to have (upset/worried/addressed) you. Would you like to talk about it?"
Reiterate support with warmth and connection.	"Remember, you're not alone in this. Our team is here to guide, support, and answer any questions you might have."
Wrap-up the conversation.	"Thank you for sharing your thoughts and feelings with me. Remember, our team is here to provide the care and support you need."
Document the discussion to help the interdisciplinary healthcare team identify areas needing attention.	"I'll write down our talk and share it with the healthcare team, so that everyone is on the same page and we all work together."

Be Prepared Conversation Guides

KNOWLEDGE + SKILLS

2 Details about the Palliative Care Emergency

- Information for home care providers about the emergency (pathophysiology, identifying at-risk patients, signs and symptoms, pharmacological and non-pharmacological interventions)



2

The Palliative Care Emergency-BREATHING (Dyspnea)

Signs and Symptoms
Information for Nurses
When assessing a patient for dyspnea, watch for gasping, increased breathing rate, and visible distress. Note any wheezing, skin colour changes around the mouth or on the fingertips, and grunting on exhalation. Also, observe if the patient leans forward for deeper breaths or if their chest sinks unusually with each breath. These are critical signs to promptly address potential respiratory issues.

What to say about signs and symptoms to Patients and/or Caregivers
Look for these signs if you think someone might be struggling to breathe:
The way they breathe will change:
- Gasping for air

Pathophysiology
Information for Nurses
The sensation of dyspnea arises from the awareness of a respiratory supply-and-demand mismatch. Such a mismatch can result from the perception of increased demand, decreased capacity, or a combination of both. Many aspects of the patient's situation affect the experience of their dyspnea—it's not just physical. Psychological aspects such as anxiety, levels of coping, spiritual aspects (such as the degree of acceptance, meaning, and suffering), and social aspects, including relationships, family experience, and financial situations can all play a role. Dyspnea may not only be due to a lack of oxygen, and this is why reassurance, a calming and supportive presence, and other non-pharmacological strategies can be very helpful for the patient. The primary mechanisms underlying dyspnea involve disruptions in the balance between respiratory supply and demand.

What is Dyspnea?
Information for Nurses
Dyspnea, often termed as "shortness of breath", is the subjective experience of breathing discomfort, frequently characterized by sensations such as "chest tightness" or "air hunger". This sensation can arise from a multitude of causes ranging from cardiac and pulmonary conditions to neuromuscular diseases.

How to describe dyspnea to Patients and/or Caregivers
"Dyspnea is when someone has trouble breathing. Imagine feeling like you are out of breath and there's a sharp tightness in your chest. It can feel as if you're gasping for air, burning for each breath, or as the weight of a rug on your chest. This sensation can be extremely scary because only the person experiencing it can truly explain how intense it feels."

Who may be at risk?
Information for Nurses
Patients with compromised lung function, due to current conditions or pre-existing diagnoses, like heart disease, lung ailments, or neurological conditions such as amyotrophic lateral sclerosis (ALS) or myasthenia gravis, face a higher risk of dyspnea. Be vigilant to ensure tailored care, early interventions and that plans for potential emergencies are in place for those at risk.

How to describe who may be at risk to Patients and/or Caregivers
"Someone with a history of heart disease, lung issues, or specific neurological disorders, like ALS (amyotrophic lateral sclerosis), may experience increased difficulty in breathing. Being aware that these conditions may impact someone's ability to breathe will help you be better prepared."

Patients and/or Caregivers
Breathe is not enough for what your body and mind need. Stress can amplify the sensation of breathlessness, increasing demand, creating a feedback loop that intensifies the experience.

How to describe who may be at risk to Patients and/or Caregivers
"Someone with a history of heart disease, lung issues, or specific neurological disorders, like ALS (amyotrophic lateral sclerosis), may experience increased difficulty in breathing. Being aware that these conditions may impact someone's ability to breathe will help you be better prepared."

Be Prepared Conversation Guides

KNOWLEDGE + SKILLS

2 Details about the Palliative Care Emergency

How to describe hypercalcemia to Patients and/or Caregivers

"Hypercalcemia means there is too much calcium in the blood. This may happen when changes occur in the bones of people living with cancer, even if the cancer hasn't spread to the bones. I know this sounds concerning, but recognizing and managing it at home is important for your loved one's comfort and well-being."

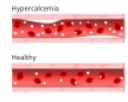
How to describe who may be a risk for hypercalcemia to Patients and/or Caregivers

"Because of your specific type of cancer or overactive parathyroid glands] diagnosis, you might experience elevated calcium levels in your blood. Knowing that this could happen is important because, together, we make a plan to help you manage it at home."

2

The Palliative Care Emergency-BALANCE (Hypercalcemia)

Hypercalcemia can result in a range of symptoms that severely impact quality of life. Around 50% of patients with hypercalcemia may be asymptomatic, but the other half can exhibit symptoms such as fatigue, constipation, polyuria, cognitive changes, and even coma. These symptoms can significantly reduce quality of life, especially in palliative care settings (Tebben et al. 2016).



What is Hypercalcemia?

Information for Nurses

Hypercalcemia refers to the condition where there are elevated levels of calcium in the bloodstream. It is usually caused by primary hyperparathyroidism or certain types of cancer. It is crucial to recognize and manage, especially in home-based palliative care, as it can affect a patient's comfort and overall well-being.

How to describe hypercalcemia to Patients and/or Caregivers

"Hypercalcemia means there is too much calcium in the blood. This may happen when changes occur in the bones of people living with cancer, even if the cancer hasn't spread to the bones. I know this sounds concerning, but recognizing and managing it at home is important for your loved one's comfort and well-being."

Who may be at risk?

Information for Nurses


Hypercalcemia, or high calcium levels in the blood, is seen in 10-20% of patients with advanced cancer. It's especially common among those with bone metastases and in cases of breast, lung, and kidney cancers. Additionally, patients with diagnoses of lymphoma, multiple myeloma, or tumours in the kidney or genitourinary region are at risk. Other cancers associated with hypercalcemia include those of the head and neck, thyroid, esophagus, skin, cervix, and bladder.

There are two primary causes for hypercalcemia:

- Overactive parathyroid glands: Known as primary hyperparathyroidism, this condition arises when the four parathyroid glands in the neck produce too much parathyroid hormone. This hormone increases calcium levels in the bloodstream.
- Certain cancers: These cancers might raise calcium levels either because they produce substances resembling parathyroid hormone or because they cause the bones to break down, releasing more calcium.

How to describe who may be a risk for hypercalcemia to Patients and/or Caregivers

"Because of your specific type of cancer or overactive parathyroid glands] diagnosis, you might experience elevated calcium levels in your blood. Knowing that this could happen is important because, together, we make a plan to help you manage it at home."

Be Prepared: Palliative Care Emergencies in the Home – Navigating Home Emergencies with Care and Compassion | Your Conversation Guide: BALANCE (Hypercalcemia) 



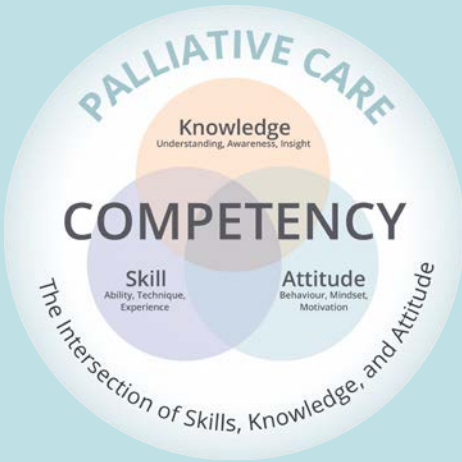
KNOWLEDGE + SKILLS

For Patients and Caregivers

Be Prepared Conversation Guides

3 A Tool for Patients and Caregivers

- Customizable and designed to be left in the home
- Provides patients and families essential information and most importantly immediate access to helpful actions they can take (including what to say to someone)



5 things you should know about Dyspnea

- 1 What is Dyspnea (shortness of breath)?**
Dyspnea is when someone has trouble breathing. Imagine feeling like you are out of breath and there's a sharp tightness in your chest. It can feel as if you're gasping for air, battling for each breath, or on the verge of suffocation.
- 2 What causes someone to experience shortness of breath?**
- 3 How can we treat shortness of breath?**
When someone has trouble breathing, there are several ways to help. Medicines can ease pain, improve breathing, and reduce anxiety. If someone isn't getting enough air, they might need a prescription for oxygen. In emergencies, a combination of medicines can provide quick relief. It's vital to understand that anxiety can worsen breathing problems, so staying calm is very important.
- 4 When should I call the healthcare team?**
In any of these situations, you should call your healthcare team immediately for guidance and assistance.
 - Sudden breathlessness: If the person starts having a really hard time breathing out of nowhere, and it's much worse than before.
 - Increased pain: If the person has new chest pain or if the pain gets worse when they're short of breath.
 - Change in behaviour: If the person seems very sleepy, is hard to wake up, or acts confused when they have trouble breathing.
 - Blue or grey lips or nails: If their lips or nails change to a blue or grey colour because they're not getting enough air.
 - Medicines not working: If the things that usually help them breathe aren't working or if they keep having trouble breathing even after taking them.

Be Prepared: Palliative Care Emergencies in the Home

A Tool for Patients and Caregivers

This tool helps you know the actions you can take and reassuring words to use if your loved one is having difficulty breathing. Your healthcare provider will review the actions with you.

Actions you can take	Comforting Words
Use a fan Try directing a fan towards the face or cheek for relief.	"Let's turn on the fan and see if it helps. Can you tell me if it improves your breathing?"
Change positions Recommened changing positions 45 degrees.	"It looks like you are struggling to breathe. Can I gently lean you forward to see if it helps?"
Breathing techniques Try breathing through pursed lips.	"Let's try this breathing technique together. First take a normal breath in. Now, bring your lips together like you are blowing out a candle and breath out. Let's keep repeating that pattern and see if it helps."
Stay calm Be present and help manage stress - focus on deep breathing.	"Take a deep breath through your nose, letting your belly expand. Now exhale, pushing your belly in, and breathe out through your mouth." Consider saying, "I'm here with you" or "Let's breathe together" rather than telling them, "Please calm down" or "Don't worry."
Airflow Ensure proper ventilation of the room and consider eliminating "irritants" (e.g., cigarette smoke). Ask them if there is anything in the air that might be bothering their breathing (e.g., smoke, dust, smells, etc.).	"Sometimes things in the air can affect your breathing. Let me open the window or turn on the fan to see if that helps."
Give medication (if prescribed) • MEDICATION: administer dosage (only if you were shown how to do so) • OXYGEN: Put on the oxygen mask or nose cannula <small>See your doctor about using mouth-to-mouth resuscitation with an inhaler. If it's not working or if you put the mask on someone and it doesn't help, please call your doctor or go to the hospital. Do not use mouth-to-mouth resuscitation on someone who has a tracheostomy.</small>	"This medication will help you breathe easier. The nurse has shown me how to administer it." "Let me check your oxygen mask. I want to see if it's limiting your skin or drying out your mouth/nose. It's important that this is comfortable for you."

IF:

- ✓ you feel overwhelmed and need help.
- ✓ you feel your loved one is not feeling better after trying different strategies.
- ✓ you are worried about symptoms.
- ✓ you have questions about what to do.

Call your Healthcare Team

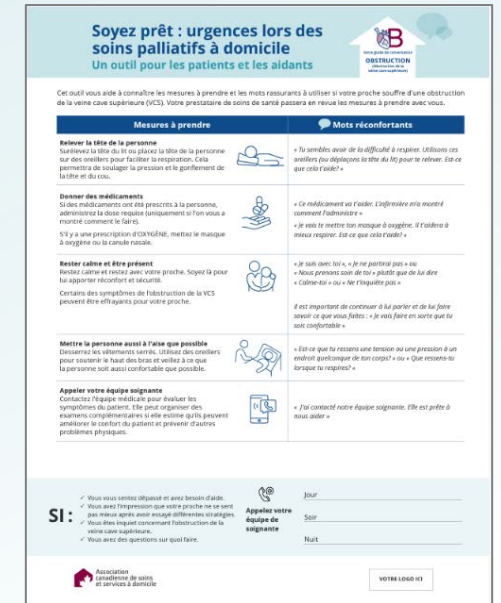
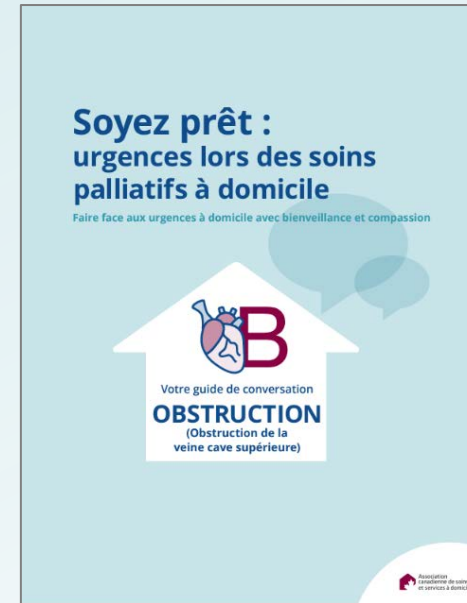
Day time: _____
Evening: _____
Night time: _____

YOUR LOGO HERE

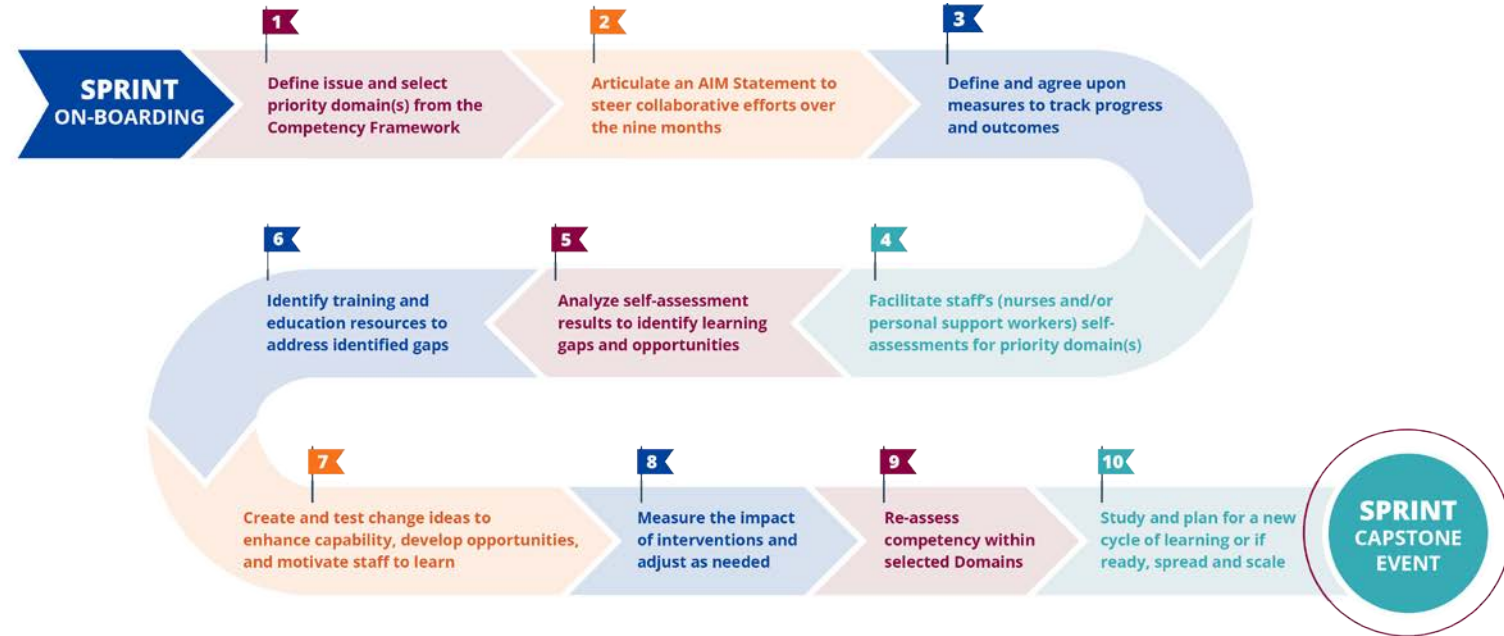
Be Prepared Conversation Guides

How can you access this resource?

- Available in both English and French
- Download from the CHCA website
- Conversation guide roleplay demonstration video
- jcampagnolo@cdnhomecare.ca



eiCOMPASS SPRINT team Collaborative



Be Prepared Conversation Guides

How Can You Integrate This Resource?

- Reviewed the guides & decided to focus on Bleeding & Breathing
- Created an education session for RNs in our area
- We used EI module content focusing on interpersonal relationship skills linked to Health PEI specific forms and policies



Be Prepared Conversation Guides

How Can You Integrate This Resource?

- Guides used to develop educational activities to prepare nurses to support clients and caregivers during transitions in care and home emergencies
- Developed a case study to make the session more interactive and engaging for staff
- 2 hour in-person education sessions were information, interactive and had a positive response from staff



Be Prepared Conversation Guides

How Can You Integrate This Resource?

Health PEI
One Island Health System

STAFF RESOURCE CENTRE
caring · integrity · excellence · diversity

Guides and Toolkits

- A Guide to Advance Care Planning - It's about having a say in your health care ^[PDF]
- Advance Care Planning Word List
- Advance Care Planning Interactive PEI Workbook
- BC Guidelines ^[PDF]
- Eastern Cooperative Oncology Group (ECOG) Performance Status
- ECOG, PRFS and PPSv2 Comparison Guide ^[PDF]
- Palliative Approach to Care Algorithm ^[PDF] **NEW**
- Palliative Care Ruler ^[PDF]
- Palliative Emergency Guides
 - Backgrounder: Be Prepared Conversation Guides ^[PDF]
 - Putting the Conversation Guides to Use ^[VIDEO]
 - Be Prepared BLEEDING Conversation Guide ^[PDF]
 - Be Prepared BALANCE Conversation Guide ^[PDF]
 - Be Prepared BLOCKAGE Conversation Guide ^[PDF]
 - Be Prepared BONES Conversation Guide ^[PDF]
 - Be Prepared BRAIN Conversation Guide ^[PDF]
 - Be Prepared DYSPNEA Conversation Guide ^[PDF]
- Palliative Performance Scale version 2 ^[PDF]
- The Way Forward National Framework: A Roadmap for the Integrated Palliative Approach to Care ^[PDF]



Be Prepared Conversation Guides

“Emotional Intelligence was a concept I really hadn’t given much thought to prior to my sessions with Mallory and Rachel. These sessions were thorough and helped me examine my own feelings and how they affect the palliative care I provide. Overall, I feel much more competent with my abilities and will use what I learned daily in my practice.

Sara-Registered Nurse

“I have used them quite a few times and find they are really great! I have been reviewing with client/family and leaving them in the home binder”

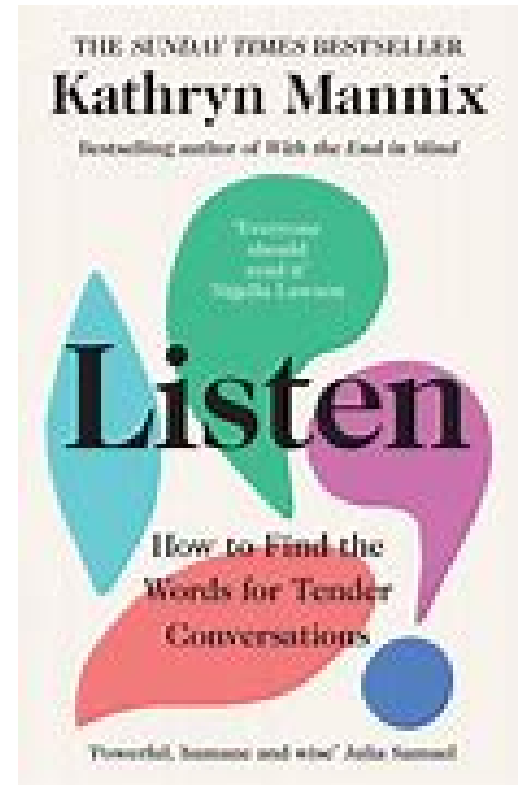
Stephanie- Palliative Care Coordinator

“ *The palliative emergency conversation guides have been well developed covering the many aspects of what a nurse would need to know to deliver the best care possible to a palliative patient and their loved ones in their home. These conversations can be difficult, and this tool will be helpful in guiding the nurse with examples of phrases and best language to use, to aid understanding.* ”

Sharon-Provincial Palliative Resource Nurse

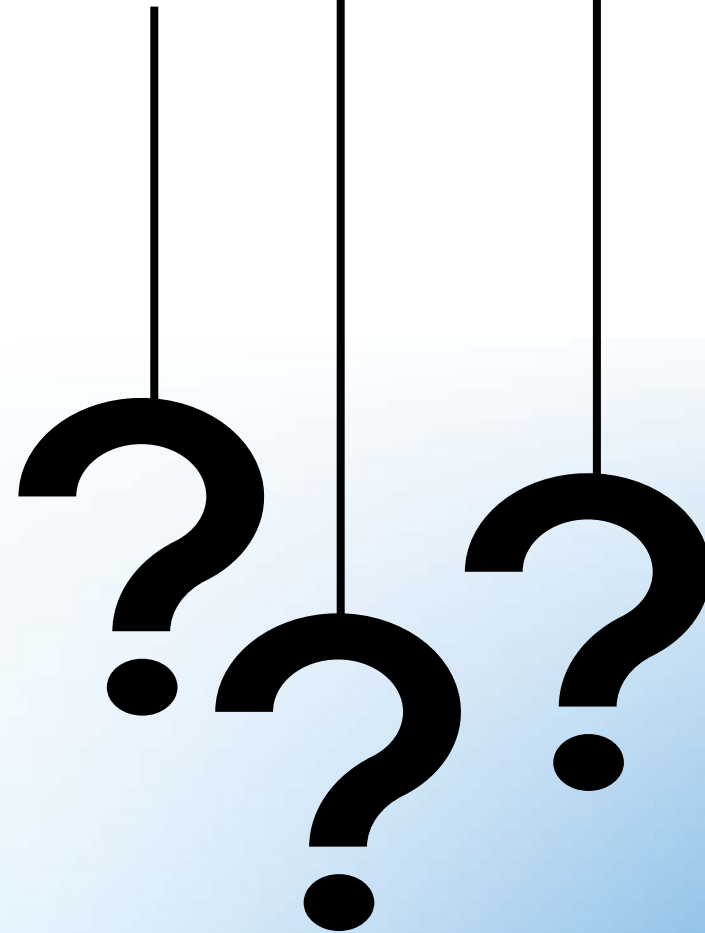
Practicing Compassionate Conversations

- Start with **Checking In** with yourself
- Take steps to open the conversation in a compassionate way (**Inviting/Offering**)
- Noticing/**Listening** at all three levels
- ACT (**Acknowledge, Control, Tailor**)
- **Being With** Strong Emotions (Presence)
- **Closing** the Conversation
- Integrating the Conversation **Guides**
 - facilitate communication between the health care professionals and the family member
 - contribute to family caregivers experiencing less distress
 - help family members feel prepared for emergency situations



What are you going to try?

Questions?

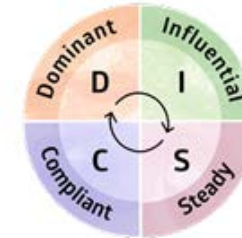


Upcoming Knowledge Webinars

January 23, 2025 | 12:00 pm–1:00 pm ET

Adapting Your Communication Style—Talking to Kids About Serious Illness and Loss

Develop the skills to guide families in having honest, age-appropriate conversations with children about illness and loss, creating understanding and emotional resilience.



February 19, 2025 | 12:00 pm–1:00 pm ET

Communication and Shared Decision-Making

Discover how empathetic communication and shared decision-making can align care plans with patients' values, improving their experience and outcomes.



March 19, 2025 | 12:00 pm–1:00 pm ET

Attending to Grief and Loss – Empathy in Action

Build the skills to support families, colleagues, and yourself through grief and loss, fostering healing and emotional resilience.

